

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005570

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 53Primary Registration District No. 3010Registrar's No. 124

STATE FILE NUMBER

FILED MAR 7 1963

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Cape Girardeau</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>603 E. Ellis</u>	

3. NAME OF DECEASED (Type or print) First <u>AUDA</u> Middle <u>B.</u> Last <u>CROWDER</u>		4. DATE OF DEATH Month <u>February</u> Day <u>24</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-11-1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>	
11. BIRTHPLACE (City and state or country) <u>Newborn, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Jim Crowder</u>		13b. MOTHER'S MAIDEN NAME <u>No Record</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>	
17. INFORMANT <u>Mrs. Nan Moler</u>		17. ADDRESS <u>Peach Orchard, Arkansas</u>	

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY.) IMMEDIATE CAUSE (a) <u>Cerebral artery thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> cerebral artery atherosclerosis unkn.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>---</u> DUE TO (c) <u>---</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (e.g., chronic disease condition given in PART I.) <u>diabetes mellitus - hip with internal fixation</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>fracture</u>	

20c. TIME OF INJURY Hour <u>---</u> a.m. <u>---</u> p.m. <u>---</u>	Month, Day, Year <u>6-9-60</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>	20f. CITY, TOWN, OR LOCATION <u>---</u>	COUNTY <u>---</u>	STATE <u>---</u>
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21. I attended the deceased from <u>6-9-60</u> to <u>death</u> and last saw him alive on <u>Feb 24, 1963</u> Death occurred at <u>4:10 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Jan A. Chapman MD.</u>	22b. DATE <u>2-24-63</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Pirtle Cemetery</u>	22d. LOCATION (City and county) <u>Peach Orchard, Arkansas</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>2-24-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pirtle Cemetery</u>	23d. LOCATION (City and county) <u>Peach Orchard, Arkansas</u>
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24. FUNERAL DIRECTOR <u>Ford & Sons</u>	25. DATE RECD. BY LOCAL REG. <u>3-4-63</u>	26. REGISTRAR'S SIGNATURE <u>Drene Kasten</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0168

2 0168

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student-Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cap Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.